### SENATE BILL No. 419

### DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 16-18-2-84; IC 16-19-15; IC 16-21; IC 16-25-3-2.5; IC 16-27-0.5-9; IC 16-28; IC 16-29-4; IC 16-37-2; IC 16-38-4; IC 16-41-42.2-4.

**Synopsis:** State department of health issues. Repeals the law concerning the health care facility advisory council. Transfers certain duties of the council to the state department of health. Changes the amount of time from four years after birth to six months after birth that a birth certificate presented for filing is considered a delayed certificate of birth. Raises the age that an autism spectrum disorder can be diagnosed from five years of age to eight years of age for purposes of the birth problems registry. Allows the spinal cord and brain injury fund to use money to develop a statewide trauma system. Makes conforming changes.

Effective: July 1, 2014.

# **Miller Pete**

January 14, 2014, read first time and referred to Committee on Health and Provider Services.



#### Second Regular Session 118th General Assembly (2014)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2013 Regular Session and 2013 First Regular Technical Session of the General Assembly.

## **SENATE BILL No. 419**

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 16-18-2-84, AS AMENDED BY P.L.197-2011 SECTION 54, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2014]: Sec. 84. "Council", refers to the following:
(1) For purposes of IC 16-21, IC 16-25, IC 16-27, IC 16-28, and
IC 16-29, the health care facility advisory council.
(2) for purposes of IC 16-46-6, refers to the interagency state
council on black and minority health.
SECTION 2. IC 16-19-15 IS REPEALED [EFFECTIVE JULY 1,
2014]. (Health Care Facility Advisory Council).
SECTION 3. IC 16-21-1-7, AS AMENDED BY P.L.96-2005
SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2014]: Sec. 7. (a) Except as provided in subsection (b), the
council shall propose and The executive board may adopt rules under
IC 4-22-2 necessary to protect the health, safety, rights, and welfare of
patients, including the following:
(1) Rules pertaining to the operation and management of



- hospitals, ambulatory outpatient surgical centers, abortion clinics, and birthing centers.
  - (2) Rules establishing standards for equipment, facilities, and staffing required for efficient and quality care of patients.
- (b) The state department may request the council to propose a new rule or an amendment to an existing rule necessary to protect the health, safety, rights, and welfare of patients. If the council does not propose a rule within ninety (90) days of the department's request, the department may propose its own rule.
- (c) The state department shall consider the rules proposed by the council and may adopt, modify, remand, or reject specific rules or parts of rules proposed by the council.

SECTION 4. IC 16-21-1-10, AS AMENDED BY P.L.1-2006, SECTION 295, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 10. (a) Licensure inspections of an institution or agency shall be made regularly in accordance with rules adopted under this chapter. The state department shall make all health and sanitation inspections, including inspections in response to an alleged breach of this chapter or rules adopted under this chapter. The division of fire and building safety shall make all fire safety inspections. The council may provide for other inspections necessary to implement this chapter.

- (b) An employee of the state department who knowingly or intentionally informs an institution or agency of the exact date of an unannounced inspection shall be suspended without pay for five (5) days for a first offense and shall be dismissed for a subsequent offense.
- (c) Reports of all inspections must be in writing and sent to the institution or agency.
- (d) The report of an inspection and records relating to the inspection may not be released to the public until the conditions set forth in  $IC\ 16-19-3-25$  are satisfied.

SECTION 5. IC 16-21-2-4 IS REPEALED [EFFECTIVE JULY 1, 2014]. Sec. 4. The state department shall administer this chapter with the advice of the council.

SECTION 6. IC 16-25-3-2.5 IS REPEALED [EFFECTIVE JULY 1, 2014]. Sec. 2.5. The state department shall administer this chapter with the advice of the health care facility advisory council established by IC 16-19-15-1.

SECTION 7. IC 16-27-0.5-9, AS AMENDED BY P.L.6-2012, SECTION 117, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 9. (a) The state department may request the health care facility advisory council to propose a new rule



1	or an amendment to a rule adopt rules under IC 4-22-2 necessary to
2	protect the health, safety, rights, and welfare of the home health care
3	patients and hospice patients. If the council does not propose a rule
4	within ninety (90) days after the state department's request, the state
5	department may propose the rule.
6	(b) The executive board shall consider rules proposed by the council
7	under this section. The executive board may adopt, modify, remand, or
8	reject specific rules or parts of rules proposed by the council.
9	(c) To become effective, all rules proposed by the council under this
10	chapter must be adopted by the executive board in accordance with
11	<del>IC</del> <del>4-22-2.</del>
12	SECTION 8. IC 16-28-1-7, AS AMENDED BY P.L.156-2011,
13	SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
14	JULY 1,2014]: Sec. 7. The council department shall do the following:
15	(1) Propose the adoption of rules by the department under
16	IC 4-22-2 governing the following:
17	(A) Health and sanitation standards necessary to protect the
18	health, safety, security, rights, and welfare of patients.
19	(B) Qualifications of applicants for licenses issued under this
20	article to assure the proper care of patients.
21	(C) Operation, maintenance, management, equipment, and
22	construction of facilities required to be licensed under this
23	article if jurisdiction is not vested in any other state agency.
24	(D) Manner, form, and content of the license, including rules
25	governing disclosure of ownership interests.
26	(E) Levels of medical staffing and medical services in
27	cooperation with the office of Medicaid policy and planning,
28	division of family resources, and other agencies authorized to
29	pay for the services.
30	(2) Recommend to the fire prevention and building safety
31	commission fire safety rules necessary to protect the health,
32	safety, security, rights, and welfare of patients.
33	(3) Classify health facilities in health care categories.
34	(4) Act as an advisory body for the division, commissioner, and
35	state department.
36	SECTION 9. IC 16-28-1-9 IS REPEALED [EFFECTIVE JULY 1,
37	2014]. Sec. 9. The council may not waive a rule adopted under this
38	<del>chapter.</del>
39	SECTION 10. IC 16-28-1-12 IS REPEALED [EFFECTIVE JULY
40	1, 2014]. Sec. 12. (a) The department may request the council to
41	propose a new rule or an amendment to a rule necessary to protect the
42	health, safety, rights, and welfare of patients. If the council does not



- propose a rule not more than ninety (90) days after the department's request, the department may propose its own rule.
- (b) The executive board may adopt, modify, remand, or reject specific rules or parts of rules proposed by the council.
- (c) To become effective, all rules adopted under this chapter must be adopted by the executive board in accordance with IC 4-22-2. The rules adopted under this chapter are the only rules governing the licensing and operation of health facilities.

SECTION 11. IC 16-28-1-13, AS AMENDED BY P.L.1-2006, SECTION 299, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 13. (a) Licensure inspections of health facilities shall be made regularly in accordance with rules adopted under this chapter. The division shall make all health and sanitation inspections. The division of fire and building safety shall make all fire safety inspections. The council or the director may provide for other inspections necessary to earry out this chapter.

- (b) The exact date of an inspection of a health facility under this chapter may not be announced or communicated directly or indirectly to the owner, administrator, or an employee of the facility before the inspection. An employee of the state department who knowingly or intentionally informs a health facility of the exact date of an inspection shall be suspended without pay for five (5) days for a first offense and shall be dismissed for a subsequent offense.
  - (c) Reports of all inspections must be:
    - (1) in writing; and
    - (2) sent to the health facility.
- (d) The report of an inspection and records relating to the inspection may not be released to the public until the conditions set forth in IC 16-19-3-25 are satisfied.

SECTION 12. IC 16-28-10-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 1. (a) Hearings under this article shall be conducted in accordance with IC 4-21.5. Except for hearings held on the adoption of rules, an administrative law judge must meet the following conditions:

- (1) Be admitted to the practice of law in Indiana.
- (2) Not be a member of the council or an employee of the state.
- (b) A health facility shall pay the costs of appointing an administrative law judge if the administrative law judge finds in favor of the state. However, if the administrative law judge finds in favor of the health facility, the state shall pay the costs of appointing the administrative law judge.

SECTION 13. IC 16-29-4-3, AS AMENDED BY P.L.6-2012,



SECTION 118, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 3. The health care facility advisory council may recommend, Before the conversion of existing health facility beds to ICF/MR beds or the construction of a new ICF/MR facility, that the state department may issue a preliminary approval of the proposed project, but only if the council state department determines that there is an insufficient number of available beds to care for all the persons who are determined under IC 12-11-2.1 to be appropriate for placement in an ICF/MR facility.

SECTION 14. IC 16-29-4-4, AS AMENDED BY P.L.6-2012, SECTION 119, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 4. A proposed project that receives preliminary approval under this chapter may not add more beds than the number determined by the health care facility advisory council state department to be necessary to provide an available bed for each person determined under IC 12-11-2.1 to be appropriate for placement in an ICF/MR facility. Upon completion of the proposed project and compliance with the other requirements for licensure under IC 16-28, the state department shall issue a license to the facility.

SECTION 15. IC 16-37-2-4, AS AMENDED BY P.L.232-2013, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 4. A local health officer may accept a certificate of birth presented for filing not more than four (4) years six (6) months after the birth occurred if the attending physician, certified nurse midwife, certified direct entry midwife, or other person desiring to file the certificate states the reason for the delay in writing. This statement shall be made a part of the certificate of birth.

SECTION 16. IC 16-37-2-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 5. A certificate of birth presented for filing more than four (4) years six (6) months after the birth occurred is a delayed certificate of birth and the record shall be filed only with the state department.

SECTION 17. IC 16-38-4-1, AS AMENDED BY P.L.232-2013, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1,2014]: Sec. 1. As used in this chapter, "birth problems" means one (1) or more of the following conditions:

- (1) A structural deformation.
- (2) A developmental malformation.
- (3) A genetic, inherited, or biochemical disease.
- (4) A condition of a chronic nature, including central nervous system hemorrhage or infection of the central nervous system, that may result in a need for long term health care.



1	(5) An autism spectrum disorder that is recognized in a child
2	before the child becomes five (5) eight (8) years of age.
3	(6) A fetal alcohol spectrum disorder that is recognized before a
4	child becomes five (5) years of age.
5	(7) Any other severe disability that is:
6	(A) designated in a rule adopted by the state department; and
7	(B) recognized in a child after birth and before the child
8	becomes three (3) years of age.
9	(8) Complications resulting from a home delivery. As used in this
10	subdivision, "home" includes the delivery of a viable fetus at a
11	home or other non-health care facility.
12	SECTION 18. IC 16-38-4-8, AS AMENDED BY P.L.188-2013,
13	SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
14	JULY 1, 2014]: Sec. 8. (a) The state department shall establish a birth
15	problems registry for the purpose of recording all cases of birth
16	problems that occur in Indiana residents and compiling necessary and
17	appropriate information concerning those cases, as determined by the
18	state department, in order to:
19	(1) conduct epidemiologic and environmental studies and to apply
20	appropriate preventive and control measures;
21	(2) inform the parents of children with birth problems:
22	(A) at the time of discharge from the hospital; or
23	(B) if a birth problem is diagnosed during a physician or
24	hospital visit that occurs before the child is:
25	(i) except as provided in item items (ii) and (iii), three (3)
26	years of age at the time of diagnosis; or
27	(ii) five (5) eight (8) years of age at the time of diagnosis if
28	the disorder is an autism spectrum disorder; or
29	(iii) five (5) years of age at the time of diagnosis if the
30	disorder is a fetal alcohol spectrum disorder;
31	about physicians, care facilities, and appropriate community
32	resources, including local step ahead agencies and the infants and
33	toddlers with disabilities program (IC 12-12.7-2); or
34	(3) inform citizens regarding programs designed to prevent or
35	reduce birth problems.
36	(b) The state department shall record in the birth problems registry:
37	(1) all data concerning birth problems of children that are
38	provided from the certificate of live birth; and
39	(2) any additional information that may be provided by an
40	individual or entity described in section 7(a)(2) of this chapter
41	concerning a birth problem that is:
42	(A) designated in a rule adopted by the state department; and



1	(B) recognized (i) after the child is discharged from the
2	hospital as a newborn, <b>and</b> (ii) <b>recognized</b> before the child is:
3	five (5)
4	(i) eight (8) years of age if the child is diagnosed with an
5	autism spectrum disorder; <del>or</del>
6	(ii) five (5) years of age if the child is diagnosed with a
7	fetal alcohol spectrum disorder; and or
8	(iii) before the child is three (3) years of age for any
9	diagnosis not specified in item (i) or (ii).
0	(c) The state department shall:
1	(1) provide a physician and a local health department with
2	necessary forms for reporting under this chapter; and
3	(2) report in an electronic format under IC 5-14-6 to the
4	legislative council any birth problem trends that are identified
5	through the data collected under this chapter.
6	SECTION 19. IC 16-41-42.2-4, AS ADDED BY P.L.3-2008,
7	SECTION 113, IS AMENDED TO READ AS FOLLOWS
8	[EFFECTIVE JULY 1, 2014]: Sec. 4. The fund is to be used for the
9	following purposes:
20	(1) Establishing and maintaining a state medical surveillance
21	registry for traumatic spinal cord and brain injuries.
22	(2) Fulfilling the duties of the board established by section 5 of
23	this chapter.
22 23 24	(3) Funding research related to the treatment and cure of spinal
2.5	cord and brain injuries, including acute management, medical
26	complications, rehabilitative techniques, and neuronal recovery.
27	Research must be conducted in compliance with all state and
28	federal laws.
9	(4) Develon a statewide trauma system.

